ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IĐ NO.	DATE	00/00
				107/7/19 2
FEE DETERMINATION	M.P		2-15-01	1 11 11 100
O.I.P.E. CLASSIFIER		6.7	13/7/01	
FORMALITY REVIEW	R	Te 872	104-23-01	<u> </u>
RESPONSE FORMALITY REVIEW	41	965	7/19/09	⊿ .

INDEX OF CLAIMS

_	Rejected	N	Non-elected
-	Allowed	f	Interference
=	(Through numeral) Canceled		Appeal
_	Restricted		Objected
	Hestricieu	U	

0.11	Claim Date	Claim Date	
Claim Dete			
Agnal Original Care Services	Original	Original	
Main of Agin	Final	Shall Original	
	51	101	
	52	102	
- 3 7 7 7 1	53	103	
4///	54	104	
5 7 7 7	55	105	
6777	56	106	
	57	107	
(8 7) 4 / 1	58	108	
9	59	109	
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	61	111	
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14 / / /	64	114	
15 7 /	65	116	
16 7 /	66	117	
17 / / /	67	118	1
18 / / /	68	119	
19 / / /	: 69	120	1
20 / / /	70	121	l
	71	122	1
22	72 73	123	1
23	73	124	1
24	75	125	1
25	76	126	
26		127]
28	78	126]
29	79	129	1
30	80	130	4
31 1 1 1 1	81	131	-{
32	82	132	4
33	63	133	-
34	84	134	4
35	85	135	-{
36	86	136	┪
37	87	137	1
38	88	139	1
39	69		1
40	90		Vac
41	81		OPY
42	92	LAST INTO ANILL	,
43	93	140 141 142 143 143 1445	1
44	94 95	5 45] .
45	96	146	
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49	99	149	4
50	100	150	J
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If more than 150 claims or 10 actions staple additional sheet here

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